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ABSTRACT

The stated need for developing a national mental retardation manpower model for Canada is not the manpower shortages in mental retardation, but the unsound conceptual and functional approaches to the socialization and education of the mentally retarded. The report is divided into the four major areas investigated by a task force. First, the section on surveying existing training programs available for associate professionals and volunteer personnel includes preschool, home care, residential, and occupational vocational programs. The second section on recommending a training curriculum for associate professionals clarifies four diploma levels. Recommending improved methods for utilizing personnel in the field of mental retardation and allied developmental handicaps constitutes the third section. Topics covered are general rationale, implementation methods, programs for new workers and present staff members, professionals, and programs for volunteers. The fifth section consists of recommending a pattern of implementation indicating specific roles and responsibilities of local, provincial and national agencies. A summary of recommendations concludes the report. (CB)

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TOWARDS A NATIONAL MENTAL RETARDATION MANPOWER MODEL FOR CANADA

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EC 042 223

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F O R E W O R D

This report represents an important milestone in a sequence of activities which have taken place in the past three years. These activities were primarily concerned with the problems of providing a more effective utilization of manpower in the mental retardation field.

The present study was preceded by preliminary work aimed at determining whether staff shortages, and the nature of staff training were critical problems on a national basis. Meetings were held with government agencies, national organizations, and with the representatives of the President's Committee on Mental Retardation, as well as with major universities, and the employers of personnel in the mental retardation field. A United States--Canada Seminar was held in 1969 and another of Canadian representatives only in March, 1970. These seminars included representatives from public and private agencies and training institutions.

In addition the National Institute on Mental Retardation and the Canadian Committee of the Council for Exceptional Children worked collaboratively on a study of the preparation of teachers and teachers' aides for the field of special education in Canada.

These studies and meetings have evidenced extensive concern for the improvement of the staff training programmes for professionals and associate professionals in the mental retardation field. This concern and preliminary work served as the basis for the present task force study.

Not all aspects of the manpower issue have been dealt with in this report. The present report focused more on the utilization and training of associate professionals. Additional studies of the related manpower issues will need to be undertaken in order to complete the analysis of this question.

This report represents the second step in a sequential planning approach to manpower training in the field of mental retardation. The third step involves the "implementation" phase of the study. This phase will include (1) an examination of, and reaction to the Task Force report by concerned persons in Canada, (2) the development of specific curricula and training standards for workers in the mental retardation field, (3) consultation with policy makers regarding the actual implementation of the training model and training standards, and (4) the initiation of demonstration projects designed to test the effectiveness of the proposed curriculum models.

In addition, the National Institute on Mental Retardation, and its sponsor, the Canadian Association for the Mentally Retarded, will continue to develop and coordinate training programmes designed to meet the more immediate manpower training needs. The proposed training programmes represent part of a long term planning approach to the manpower issues. There will continue to be a critical need for short-term training programmes.

The support of the National Welfare Grants Division of the Department of National Health and Welfare is gratefully acknowledged. We also extend our deep appreciation to the participants in the Task Force study at the national and provincial levels.

Dr. G. Allan Roeher

Director

National Institute on Mental Retardation

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I Rationale and Organization of the Project

1. Introduction

The central problem, in terms of manpower and mental retardation, is not mainly one of the shortage of traditional mental health professionals. Rather it is that the present approaches to services for the mentally retarded are not conceptually sound, nor are they based on the most effective rehabilitation strategies.*

The problem is not essentially one of providing more mental health specialists utilizing and providing traditional approaches to the mentally retarded. It is instead a question of determining what types of services are most beneficial for the various levels of retardation, and what types of personnel are specifically needed to function most effectively in these settings. The latter question involves a careful assessment of the actual needs of the retarded, and a careful matching of these needs with personnel trained specifically to assist the retarded individual in achieving these behavioural goals.

What is needed is a more effective mobilization and re-organization of existing approaches. Those individuals working directly with the mentally retarded should be provided with the skills and competencies which are directly relevant for effective involvement with the retarded. The more highly trained mental health specialists would serve as supportive consultants to those carefully trained basic staff members.

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*Manpower and Mental Retardation: An Exploration of the Issues, The Proceedings of the Banff International Conference, Banff, Alberta, June 23-25, 1969. Edited by Julius S. Cohen: Conference sponsored by: National Institute of Child Health and Human Development, President's Committee on Mental Retardation and the Canadian Association for the Mentally Retarded; article by C. Greenland, p. 54.

Hence, in summary, the basic problem is not one of manpower shortages in mental retardation, but, rather of unsound conceptual and functional approaches to the socialization and education of the mentally retarded.

The key question is what are the specific functions, skills and attitudes which are of major importance in developing the learning potential of the retarded individual. For the most part these functions, competencies and attitudes have been empirically established. Several programmes have successfully demonstrated the efficacy of training associate professionals and professionals in the utilization of these productive methods.*

2. Common Concerns Across Canada

On a national basis the following conditions in the developmental handicap areas were found to be common concerns across Canada.**

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*See Gunzburg, H.S., Social Competence and Mental Handicap, Bailliere, Tindall and Cassell, London, 1968; G. J. Bensberg & C. D. Barnett, Attendant Training in Southern Residential Facilities for the Mentally Retarded. S.R.E.B. Atlanta, Georgia, 1966; Public Health Service Publication No. 1902, N.I.M.H. 1969; and B. G. Guerney, Psycho-Therapeutic Agents, Rinehart and Winston, 1969.

**One Million Children, The Commission on Emotional and Learning Disorders in Children (CELDIC), A National Study of Canadian Children with Emotional and Learning Disorders; sponsored by: The Canadian Association for the Mentally Retarded, The Canadian Council on Children and Youth, The Canadian Education Association, The Canadian Mental Health Association, The Canadian Rehabilitation Council for the Disabled, The Canadian Welfare Council and Dr. Barnardo's; for information write to the National Institute on Mental Retardation, Kinsmen NIMR Building, York University, 4700 Keele Street, Downsview, Toronto, Ontario.

A. The services provided for handicapped individuals are seriously inadequate.

B. There is a serious shortage of trained personnel at both the professional and associate professional levels in the developmental handicap areas.

C. The services, where they exist, are often overlapping, competitive, and fragmented.

D. There.are no nationally agreed upon curricula or training programmes for workers in the developmental handicap areas.

E. There is a general and wide-spread concern and consensus among professionals working in the developmental handicap areas, that a generic training model for associate professionals is a major need.

F. There has been no successful attempt to provide a meaningful career ladder for associate professionals in the developmental handicap areas.

G. Many innovative models for associate professional training in the developmental handicap areas have been developed and tried. The emphasis has been on the development of competitive models rather than on attempting to consider the generic components present in associate professional training for careers in these related areas.

H. The result of these conditions has been that programmes for the handicapped in general, at all levels, have been seriously lacking in trained manpower.

The Banff Conference further identified a number of concerns and issues for both Canada and the United States in the field of mental retardation.*

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*Cohen, Julius, S. (Editor), Manpower and Mental Retardation, An Exploration of the Issues, see pages 22, 30, 51 and 54.

(1) The shortage of qualified staff requires a more careful assessment of the functions and competencies specifically required for effective work with the retarded.

(2) The institutions of higher education, such as community colleges and universities, should play a far more active role in the development of career training programmes for workers in the developmental handicap areas.

(3) The present approach to the service and manpower needs of the retarded makes it very difficult to increase the quality and quantity of trained personnel in this field.

(4) The large residential institutions are no longer functional, and extensive staff re-training is requisite if more functional and relevant educational programmes are to be developed.

(5) Public and private funds should be utilized to create more productive and humane methods of community based treatment for the retarded.

(6) Most of the retarded (about 85% of the institutionalized retarded) do not require medical treatment. They primarily need education and social training to insure the maximum development of their learning potential.

(7) An effective rehabilitation programme for the retarded requires the presence of a highly skilled educationally orientated basic care staff.

Review

The impetus, then, for new directions in manpower training has to come from the CELDEC report and the Banff Conference. Recognizing the problems created by the present manpower training approaches in the mental retardation field, the National Institute on Mental Retardation established a Task Force and charged it with the following responsibilities:

(1) Surveying existing training programmes for professional, associate professional and volunteer personnel.

(2) Recommending a training curriculum for professional, associate professional and volunteer personnel.

(3) Recommending improved methods for utilizing personnel in the field of mental retardation and allied developmental handicaps.

(4) Recommending a pattern of implementation which would indicate specific roles and responsibilities of local, provincial and national agencies, institutions and governments.

The report which follows presents the Task Force findings in each of these four areas, as well as the specific recommendations for improving personnel services and community resources in these four areas.

Organization and Implementation of Project Objectives

There were five phases involved in the Task Force study. These five phases are presented in Chart No. 1 (page 6). The specific steps taken in each phase will be briefly presented.

Phase I, Orientation, April - May, 1970

Three separate task force areas were chosen for study; these were (1) Pre-School Programmes, (2) Residential Programmes, and (3) Occupational-Vocational Programmes. Chairmen and Task Force members were chosen for each of the three separate areas. The chairmen of these three groups were requested to undertake a review of the training materials in their area, and to organize both programme and procedural approaches to the Task Force objectives.

Phase II, Operation, June - September, 1970

The National Institute on Mental Retardation employed a manpower consultant as the staff coordinator for the Task Force study. The National Institute on Mental Retardation Task Force coordinator and the chairmen of the three Task Forces travelled to the following regional areas for the purpose of assessing provincial manpower needs and resources.

CHART NO. 1

FLOW CHART FOR TIME UTILIZATION OF TASK FORCE STUDY

Phases:

Task Force Orientation

I

April - May 1970

1. Task Development
2. Orientation
3. Programme Assignments
4. Procedural Development
5. Review of Training Materials to Date

Operation

II

June - September 1970

1. Regional Assessment of Programmes, Services, etc.
2. Contact with Training Institution Planners

Development

III

October - November 1970

1. Correlation of Findings
2. Develop Initial Training Schedule with Basic Core Areas
3. Develop Plan with Recommendations for Manpower Training Institutions

Presentation

IV

December - January 1970

1. Presentation of Recommendations to Training Institution Planners and Related Personnel.

Evaluation and Planning

V

February - March 1970

1. Evaluate Feasibility for Implementation
2. Conclude Implications for Further Integrated Planning and Implementation Activity
3. Present Task Force Report

The Pacific Region - British Columbia

The Plains Region - Saskatchewan, Manitoba and Alberta

The Ontario Region - Ontario

The Quebec Region - Quebec and Northern New Brunswick

The Atlantic Region - New Brunswick, Prince Edward Island, and Nova Scotia

In each of these five regions both individual and group meetings were scheduled with representatives from government, provincial institutions, universities, community colleges and related areas. The organizational aspects of these meetings were undertaken by the Executive Directors of the Provincial Associations for the Mentally Retarded.

Reactor Task Forces were established in each of the five regional areas subsequent to the initial regional meetings in September and October across Canada. These reactor Task Forces in the five regional areas served also as study groups, and met to consider their manpower needs and resources. These regional study groups had an average of two meetings between the first regional assessment meeting in Phase I, and the subsequent return of the National Institute on Mental Retardation Task Force Chairmen and Study Co-ordinator, in Phase IV. In addition, the regional reactor study groups assisted the National Institute on Mental Retardation Task Forces in collecting and evaluating the manpower needs and resources data for the national study.

Phase III, Development, October - November, 1970

Phase III involved an integration of the basic findings from Phases I and II. From this data (Interviews, Questionnaires, Literature Search) initial training and curriculum schedules were designed. This represented a basic core curriculum approach, as well as relating the training and manpower needs, to the

specific residential and vocational services needed for the retarded. From these studies emerged recommendations for manpower training to be undertaken by different types of educational institutions.

Phase IV, Presentation, December - January, 1971

Phase IV involved the presentation of the findings developed in Phase III. The preliminary curriculum and training recommendations for all three Task Force areas were presented during this second visit to the five regional areas. In addition to the national Task Force presentation, the reactor Task Force evaluation of these training recommentations, the regional study groups evaluated their own provincial manpower programmes and made training recommendations. These findings were incorporated into the final progress report.

PHASE V, Evaluation and Planning, February - March, 1971

Phase V consisted of four distinct processes. These were (1) analysis of the data from the first four phases, (2) an evaluation of the implications of the study as these related to recommendations for manpower training and curriculum models, (3) presentation of the manpower training recommendations to a selected group of key personnel in the mental retardation field across Canada,* (4) the development of a rationale for the implementation phase of the study, and (5) integrating steps one through four into the Progress Report. The chapters which follow present, 1. A Survey of the Existing Training Programmes, 2. A Recommended Training Curriculum, 3. Improved Methods for Utilizing Personnel, 4. A Pattern of Implementation, and 5. A Summary of the Recommendations.

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*See Appendix A for list of those attending the Manpower Training Seminar held March 25 and 26, 1971 at the National Institute on Mental Retardation, Toronto, Ontario.

I. Surveying Existing Training Programmes for Associate Professionals and Volunteer Personnel

Three areas of training were considered by the respective Task Forces. These were Pre-School and Home Care Programmes, Residential Programmes, and Occupational-Vocational Programmes.*

Pre-School Programmes**

(1) In some provinces there are no training programmes available for either pre-school teachers or volunteers.

(2) Pre-school programmes are not present in all the provinces.

(3) There are no uniform regulations governing the background training of teachers in pre-school programmes. The pre-school programmes are currently staffed by teachers, public health nurses, registered nurses, high school graduates and those with lower levels of educational training.

(4) The regulations governing pre-school programmes vary from very few regulations (in some provinces any private citizen may open and operate a pre-school or nursery programme), to extensive provincial and municipal regulations.

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*The teacher training programmes which prepare teachers to work with the mentally retarded in the public and separate schools were not dealt with in this report. This report focused on those areas which have not traditionally been under the jurisdiction of the departments of education. The National Institute on Mental Retardation is a co-sponsor with the Council for Exceptional Children, of a separate study dealing with the training programmes for teachers in the field of special education.

**The term pre-school programme in this report refers to nursery school type programmes.

(5) There is a serious lack of pre-school programmes in the less affluent provinces in the rural areas.

(6) There is an urgent need in Canada for standardized policies on certification, curriculum requirements and training procedures for teachers of pre-school programs for the mentally retarded.

(7) Generally, the training of pre-school teachers for the retarded lacks a professional basis, and varies extensively in content and objectives from province to province.

Frequently, the teachers work only half a day, though they are expected to attend meetings in their free time, and meet with parents some afternoons during the week. They are usually not reimbursed for these extra duties. As a result of these conditions, many of the teachers feel that their work is not viewed as professional, nor are they treated with the respect and concern that professionals expect and receive. These teachers do not see their role as a professional one, as one in which organized training programmes are available on a permanent and provincially recognized basis.

(8) Volunteers are used extensively, and they, generally, have had little formal training or preparation for this work. Their services are frequently utilized as a substitute for the employment of regular staff members.

(9) It was indicated that nursery school teaching would not achieve professional status until local and national authorities recognized the value and necessity of this move.

(10) The salaries of nursery school teachers are usually well below that of regular public school teachers. Many nurseries are run only one or two mornings a week, and at the most only five mornings a week.

(11) Because of the low status, poor wages, lack of fringe benefits and token salary system, it is extremely difficult to attract trained and qualified teachers into nursery school work.

(12) There is a lack of portability of teaching credentials for pre-school teachers. The training and experience acquired in one province is not viewed as being equivalent for employment in another province.

(13) Because of these conditions there is virtually no career structure for nursery school personnel. The usual progression is from teacher's assistant to teacher, to supervisor, to owner of a private operation. There is no opportunity for teaching at any other level where the salaries and job opportunities are more flexible.

(14) The above condition is directly related to the lack of reciprocity between degree granting institutions for early childhood education (community colleges) and teacher training programmes in colleges and universities.

(15) Training programmes for pre-school teachers of the retarded have been offered in correspondence courses (Humber College and National Institute on Mental Retardation), in community college programmes in Early Childhood Education, and in universities (e.g. McGill) offering a nursery school diploma course.

Home Care Programmes

(1) Home care services for the retarded are provided by professionals from a variety of training backgrounds. These include doctors, social workers, public health nurses, psychologists, and physiotherapists.

(2) In some areas of the country, the majority of the people involved in home care programmes are volunteers with little or no training.

(3) Organized home care programmes are not available in all provinces.

(4) There is, generally, a lack of adequate home care training programmes.

(5) Good home care programmes are seriously lacking in the rural areas.

(6) The types of services which are often needed include home visitations, informal meetings with parents, parent relief, baby sitting, transportation for emergency and needed services, and literature for parent education about the problems in these areas.

(7) The training programmes that are available range from none to seminars and workshops organized by local associations, to on the job training for volunteers.

(8) There are very few organized associate professional home care training programmes. The emphasis has been on the utilization of volunteers and short-term, non-accredited, in-service courses for both volunteers and paid staff members.

Residential Programmes

(1) Most of the provincial governments have an interdepartmental committee or division which assists with the development of programmes for the retarded.

(2) There is little, if any, formal training* available for the staff of community residences.

(3) There is little, if any, formal training provided for volunteers involved in the residential facilities.

(4) Professional staff training (in the larger residential institutions) is generally provided through psychiatric nursing and nurse's aide programmes. These programmes are developed and provided by specific provincial hospitals. The certification received for this in-hospital training is frequently not

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*By formal training is meant training that is officially recognized by the Provincial government and is provided by an educational institution.

recognized by other institutions in the same province, nor is it recognized by institutions in other Provinces.

(5) The hospital training programmes for nurses, nurses' aides, and attendants are not able to provide portability of certification because the training may not be officially recognized by formal educational institutions in a particular province.

(6) These large hospitals usually provide in-service training programmes for teachers, ward attendants and other para-professional personnel. These programmes are also not generally recognized.

(7) The psychiatric nursing courses, the nursing aide and related in-service hospital courses vary in length from twenty hours to 750 hours.

(8) Additional trained child care and recreation workers are needed in the larger institutions.

(9) While many of the larger provincial hospitals are presently offering worthwhile courses and practical experiences, they are not able to provide the generic kind of formal training which is needed for most workers in the field.

(10) In the less populated and less affluent provinces, there are two conditions which are not characteristic of the other provinces. These conditions are (1) the total population of the severely retarded is quite small, and (2) if trained associate professional workers were available, these provinces might not be able to afford their services.

(11) The provincial governments, and the large residential institutions have indicated that the National Institute on Mental Retardation should serve as a vehicle for the development of training standards in the mental retardation field.

(12) Several of the professional leaders in the mental health and retardation fields have indicated their interest in working with the National Institute on Mental Retardation in the development of nationally recognized and accredited training programmes for workers in the field of mental retardation.

Occupational-Vocational Programmes

(1) The educational qualifications for workshop personnel range from none to grade 12.

(2) Formal training for workshop personnel ranges from none to participation in the National Training Courses.* This course is supplemented by local seminars, in-service courses and individual study.

(3) In-service training in virtually all of the workshops takes the form of on-the-job training.

(4) Up-grading courses for the workshop staff was viewed as important as well as staff evaluations on a regular basis (e.g. at least every three years).

(5) There was a strong interest evidenced in short-term seminars developed by the National Institute on Mental Retardation, correspondence courses, and evening programmes provided by the community colleges.

(6) Refresher type courses were seen as very useful for staff upgrading purposes. These should be offered annually by the National Institute on Mental Retardation.

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*These National Training Courses for Sheltered Workshop and Activity Centre Personnel are sponsored by the National Institute on Mental Retardation and supported by the Department of Manpower and Immigration, Manpower Utilization Branch, Ottawa.

(7) More effective and efficient services for the retarded are needed in the vocational training areas.

(8) A "career ladder" is needed so that workers in the field may enter a career system in mental retardation at several different entry points. This would provide a more interesting career structure for those in the field, as well as serving an important recruitment function for those desiring to enter the field.

(9) The curriculum for vocational rehabilitation training should include the rehabilitation process, individual assessment, counselling, placement, behavioural and personality theory, and group theory and methods.

The curriculum option in the training process should also include workshop management, work study skills, and the technical aspects of the vocational training process, such as contract procurement, pricing and work simplification.

(10) Concern was expressed on the issue of how small workshops with limited budgets would be able to employ trained associate professionals at a level commensurate with their level of training.

Summary of Key Issues

(1) The provincial government, community agencies, universities and community colleges have indicated that training standards need to be developed that will be nationally acceptable. There is wide-spread agreement that training programmes for workers in the various areas of developmental handicap need to be developed. It is generally agreed that these training programmes should provide the trainee with an accredited and recognized diploma that is portable and acceptable at the same level across Canada.

(2) The same agencies and provincial leaders have indicated that the National Institute on Mental Retardation should be instrumental in developing the requisite national standards for the desired training programmes. The consensus of opinion was that there should be various levels of training and diplomas for each level of attainment, and that these diplomas should be nationally recognized and accredited.

(3) Very few training programmes now exist which are specifically designed to train associate professionals and volunteers for work in the mental retardation field. The few programmes that do exist are not able to provide any recognized accreditation for their training course.

These programmes are generally developed by large mental retardation hospital units, and represent essentially in-service training models, rather than actual portable and acceptable diplomas for the basic care staff. They exist to meet a specific provincial and hospital need, rather than to assist in the development of a professionally trained manpower pool for the mental health and retardation fields. The individual trainee in these programmes has little portability of training and less opportunity for general professional and career development. The present system limits the career motivation for the individual working in the field, and makes recruitment into the field very difficult, in terms of attracting highly capable and competent students.

(4) Several community colleges have launched early childhood and child care training programmes for several different purposes. However, these programmes are not correlated with one another; rather they represent individual and competitive programme efforts of several different community colleges. Hence, the trainee cannot be guaranteed that his

diploma or training has any portability beyond the specific community college or geographic area in which the training occurred.

(5) The Task Force Survey indicated that there are many common components essential to the training of basic staff workers in the various developmental handicap areas. When these components are examined it is clear that the first year of training should be a common one for those individuals choosing a career in one of the mental health or retardation fields. The second year would provide various areas of specialization such as mental retardation, behaviour disorders, learning disabilities and other developmental handicap areas.

(6) This model could be developed within a community college and requires two years of formal training. During the two years of training, utilization would be made of various community based practicums so that the student would have extensive and direct experience with handicapped children. A question was raised regarding the ability of the present community colleges to provide the nationally recognized training programmes which are desired. Further, it is difficult for a community college graduate to move progressively upwards in the educational system. In this sense the community college graduate is limited in terms of career growth and professional development. The community college course work is generally not acceptable on an equivalent basis within the university system.

(7) In addition to this integrated and formal training programme for associate professionals in the mental health and retardation fields, other approaches to training would continue to be important and necessary in the field.

These would include:

Correspondence courses at various levels for volunteers, as well trained personnel.

Short-term workshops and seminars for in-service training of mental retardation personnel.

Advanced university training for the development of leadership and research personnel.

(8) Each of these levels would be part of an overall career ladder system for workers in the mental retardation field. This would permit the worker to upgrade his skills and achieve professional growth in a continuous manner. As the individual met the proficiency standards at a specific level, he would receive a nationally accredited and recognized diploma for a particular level of achievement.

2. Recommending A Training Curriculum For Associate Professionals

There was a general consensus that four levels of training seemed necessary to insure both the number and quality of direct service work, as well as to establish a career system within the field of mental retardation.* It was recommended that an individual should have completed specific basic didactic and practicum experiences before moving on to the next level of training. The purpose of nationally recognized

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*It was indicated that four levels of training could also be utilized as a general model for training basic staff workers for the various developmental handicap areas. A career system refers to a "career ladder" structure, or the provision for educational development leading in turn to career advancement through a progressive series of related educational and vocational experiences.

standards for both the academic work, and the quality of the practicum settings would help to insure the validity of each level of training.

In addition to the recommendations for various levels of training within a career system, the study indicated that alternative curriculum approaches were needed for in-service training purposes, volunteers and individuals desiring to enter an advanced training level without having completed the basic courses. These alternative curriculum approaches will be presented following the discussion of the recommended four levels of training.

The Recommended Four Levels of Training

Diploma Level	Location of Training	Length of Training
I	Community College or Institution*	One year**
II	Community College or Institution	Two years
III	University or Community College	Three to Four years
IV	University Graduate School	Four-Plus years

*Community College, Technical Institute or accredited Residential Institution for the Retarded.

**Each year would consist of an eleven month training programme divided approximately equally between Theoretical and Practicum learning experience.

The suggested curriculum components and pre-requisites for each level will be presented at this point.*

Diploma Level I

This programme would consist of a one year (eleven month) training model. Approximately one-half of this period would be for academic learning, and one-half for various practicum experiences.

1. Educational Admission Requirements:

The student should have completed grade ten and preferably grade twelve. The student should be at least eighteen years old.

2. Curriculum Areas

Human Growth and Development	Home Making
Learning and Behavioural Change	Recreation and Leisure
Group Theory and Method	Health Maintenance
Social Care and Daily Programming	The Handicapped Individual (Etiology and Rehabilitation)
	Social Welfare and Welfare Institutions

*The curriculum components and pre-requisites for each diploma level are presented for purposes of discussion and reaction only. The components of the four levels were derived from the National Task Force Study. However, these suggested training models are meant to serve as guidelines for the implementation phase of the manpower development programme. In the implementation phase the technical process of creating a nationally accepted curriculum would be undertaken. Hence alternative or "equivalent" requirements may be considered appropriate for any of the recommended curriculum components or for the pre-requisites for a particular diploma level.

3. Functions of Diploma Level I

Provide stimulating environment which serves to activate the interests and motivations of the retarded individual.

Organizes the daily life of the individual for whom he is responsible.

Utilizes the total milieu of the residence, school or workshop to gain the active involvement and participation of the retarded individual.

Utilizes the total milieu of the community in order to assist the retarded individual in normalizing his life adjustment in the community.

Serves as a behavioural model for the retarded individual.

Provides the basic daily care, and social training of the retarded individuals in his care.

Assists with the residential household activities, and works together with his group in developing and maintaining a home-like environment, rather than an "institutional" environment.

Works effectively under the supervision of a Diploma Level II staff member in designing and implementing a daily educational and social training programme of the retarded individuals in his care.

4. Competencies

Able to provide required physical and personal care.

Able to utilize knowledge of first aid, and administer necessary drugs.

Able to develop and maintain a home-like environment within the residential setting.

Able to motivate the retarded individual to engage productively in educational and recreational activities.

Able to involve the retarded individual in occupational-vocational training activities.

Able to relate to the retarded individual with empathy and sensitivity.

5. Personal Characteristics

Mature, able to demonstrate empathic concern, and is humanistically involved in the lives of the retarded individuals in his group:

Sensitive to developmental needs of his group;

Capacity to learn academic aspects of training programme;

Capacity to demonstrate in behavioural terms the expected competencies;

Ability to work effectively with fellow staff members at all levels.

6. Co-Ordination of Level I Training Programme

This programme would be co-ordinated by a Community College or Technical Institute, or an accredited* residence, school or workshop for the retarded. The general consensus was away from the continued use of intra-mural training programmes, and towards the development of extra-mural training programmes.**

7. National Recognition of Training

The standards for a nationally recognized Diploma at Level I would be developed by the National Institute on Mental Retardation, utilizing the professional counsel of regional groups across Canada. The actual training programmes and the certification process would be undertaken by provincial or regional boards. This would provide for a nationally recognized diploma and portability across Canada for each training level.

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* By accredited is meant an applied setting which has met certain training standards such as the educational background of the training personnel, diversity of the disciplines providing the training, range of experiences available within the institution and related training competencies.

** Intra-mural training programmes refer to those which are based in residential settings for the retarded. Extra-mural refers to training programmes which are based in public educational institutions.

Diploma Level II

The Level II diploma would involve a twenty-two month programme. Approximately one-half of this period would be devoted to academic material, and one-half to a series of practicums in different types of settings for retarded individuals.

The first year of the programme would be given over to generic courses and practicum experiences, while the second year would represent a year of specialization. During this second year the student could select a programme which would permit the development of greater depth and experience in specific areas of interest in mental retardation or in another developmental handicap area. These areas of specialization could include the following options:

Residential Care	Mursery Schools and Home Care
Sheltered Workshops	Child or Adult Care
Industrial Settings	Hostels and Foster Care
Leisure Time Centers	Other Developmental Handicap Areas*

1. Educational Admission Requirements

   The student should have completed grade twelve and be at least twenty years old. It would not be necessary for the student to have completed the Level I Diploma in order to enter the Level II programme. However, the successful completion of the Diploma Level I programme would permit the individual, on a selected basis, to enter the second year of the Diploma Level II programme.

2. Curriculum Programme and Course Areas

   The specific course areas would be presented during academic sessions in the Community college setting. This theoretical material would be carefully

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*The specific curriculums for each of these options is not presented here. These programmes need to be developed by professionals in these particular areas. The recommended curriculum which follows represents a generic curriculum and provides the basic programme for all workers entering the field previous to specialization.

integrated with the practicum experience, through close supervision in the practicum, and weekly seminars for this purpose. It is recommended that an integrated sequencing of academic and practicum experiences closely linked together would be the most beneficial for the students. A suggested sequencing of the academic and the practicum assignments follows:

· Suggested Structure of Two-Year Programme			
Year	Number of Months In Particular Setting	Setting	Nature of Programme
1	3	Academic	Generic Curriculum
	2	Practicum	Observes and Assists in Different Practicums
	3	Academic	Generic Curriculum
	3	Practicum	One Month in Three Different Practicums
	1	Vacation	
2	2	Academic	Generic Curriculum
	2	Practicum	One Month in Two Different Practicums
	3	Academic	Area of Specialization*
	3	Practicum	Area of Specialization
	1	Academic	Area of Specialization
	1	Vacation	

*Student chooses an area of specialization such as sheltered workshop, residential care, home care, nursery schools, diagnostic and evaluation center, or other specialized options. This suggested model could provide the basis for a generic training programme for the basic care staff working in the different developmental handicap areas.

The generic or basic academic material could be presented in the first three academic periods. The areas covered in these three periods could include the following:

Theoretical Areas:

Human Growth and Development
The Handicapped Individual
Group Theory and Methods
Psychopathology
Physiology and Maintenance of Physical Health
Pedagogy of Leisure and Recreation
Learning Theory
Social Psychology
Educational Theory and Method
Sociology of Handicapped Behaviour
Group Process and Remotivation of the Handicapped Individual

Technical Areas

Observation and Report Writing
Rehabilitation Strategies
Basic Care and the Development of a "Home-Like" milieu
Teaching Strategies for the Handicapped
Daily Programming and Behavioural Management
First Aid (St. John's Ambulance Course)

Applied Activity Training Areas

Handcrafts; Painting, Modelling, Drawing
Music and Dance, Gymnastics, Calisthenics
Games, and Recreation, Development of Instructional Materials

3. Functions of Diploma Level II

- Creation of an environment in which the retarded individual may develop to the limit of his capacity.
- Assisting the individual in developing more appropriate behaviour patterns and attitudes.
- Providing an educational and social training programme for the retarded individual.

- Preventing the dehumanizing aspects of institutional life from developing.
- Serving as an advocate for the needs, and rights of the retarded individual.
- Utilizing and developing daily and weekly educational programmes for each individual.
- Providing remedial and preventative health care where necessary.
- Assisting the parents in coping more effectively with their handicapped son or daughter.
- Utilizing group process as a remotivational force in activating the social and cognitive potential of the retarded individual.
- Working effectively with other staff members, and consulting specialists, and using their contributions in a productive manner.
- Employing the total milieu of the school, residence or workshop for the purpose of positively encouraging individual, and group involvement.
- Providing occupational-vocational assessment and training for his group.

4. Competencies of Diploma Level II

- Able to relate academic and social learning tasks to daily institutional activities.
- Able to reinforce appropriate behaviours, and demonstrate behavioural management skills towards productive goals for the handicapped.
- Able to provide for individual interests, needs and abilities.
- Able to develop, through daily activities, independent self generating behaviours for his group.
- Able to write and maintain objective weekly reports on the individuals in his group.
- Able to relate to retarded individuals in warm, empathic and sensitive manner.
- Able to relate to and involve the parents of the retarded in re-educational programmes for their son or daughter.

- Able to devise effective solutions for frequent daily problems.

5. Personal Characteristics

Mature, Empathic, Conveys warmth and altruism; Sensitive to needs of retarded individual.

Consistently flexible in developing approaches to problems and different behavioural styles.

Relates well to other staff members.

Provides a sense of trust and acceptance to individuals in his group.

Is personally stable and secure.

Is able to make non-personalized evaluations of the behaviour of handicapped individuals and staff members.

Tends to be non-authoritarian and non-dogmatic.

Has successfully coped with most of his own basic development needs, in terms of age appropriate behaviours and attitudes.

6. Co-Ordination of Diploma Level II Programme

The programme would be co-ordinated by the community college. However, the academic component would be very closely tied to the practicum experiences. It would be very beneficial to have the supervisors of the practicums involved in the management, direction and evaluation of the training programme.

7. National Recognition of Training

The Level II Diploma would be nationally recognized and accredited. The actual training and certification process would be done provincially or regionally.

Diploma Level III

This course would consist of three to four year training programme. It would

be provided in a community college, a university, or a combination of the two.* The graduate of the university-based programme could receive a university degree and a diploma at Level III.

The Level III university programme would be similar to the Level II community college programme. However, the following components could be provided for within a university training model:

(1) The graduates of the university based programme would have a nationally recognized university degree.

(2) The length of the university course would permit more extensive theoretical, technical and practicum training.

(3) The theoretical level of training would be more advanced.

(4) Graduates of this programme could undertake advanced post-graduate study in mental retardation, or in a related professional discipline, such as social work, education, psychology, or medicine.

(5) Graduates of the university programme would have gained specific theoretical and practical skills not presented in the two-year community college programme. These specific additional knowledge and skill areas will be presented under the functions and competencies sections of the Level III programme.

It is recommended that selected graduates of the Level II programme be permitted to transfer,without loss of credit, into a diploma Level III university-based programme. This provision would insure the stable development of the mental retardation worker within a recognized career system. It would also permit the development of reasonable career expectations which are a routine part of the

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*The technical and applied arts courses could be given by the technical school and the theoretical courses by the university.

professional's life. The Level III graduate, after two years of successful field experience, would be able to assist in the areas of practicum administration and supervision.

1. Educational Admission Requirements

   The educational admission requirements would be the same as those required for university acceptance. The age requirement at admission would be at least eighteen.

2. Curriculum Areas

   The first two years of the university programme would involve the taking of specific courses in the behavioural sciences, in addition to the usual general arts, or general science requirements. During the summer periods the students would work on a compensated and supervised basis in various practicum settings for the handicapped. This would be previous to their formal entry into the Level III programme which would commence at the beginning of their third year in the university.

   The structure of the third and fourth year programme would be similar to that of the Level II programme. However the courses would be more advanced because the student would have completed many of the Level II courses during his first two years in the university. In addition, the following course areas could be included:

Theoretical Courses

Advanced Learning Theory; Behavioural Management.

Art Media for the Handicapped.

Language Development for the Handicapped

Research-Theory and Method; the Handicapped Individual

Perceptual-Motor Education

Administration and Supervision

Diagnostic and Prescriptive Re-Education Strategies.

Advanced Theory and Practice of Process

Programmed Learning, Precision Teaching and Behaviour Modification

Advanced Sociology of Deviant Behaviour

Advanced Etiology, and Physical Care of the Handicapped.

Advanced Human Growth and Development.

Advanced Psychopathology

Ethics and Morality; and the Development of Programmes for the Handicapped Individual

Technical - Applied Arts

- Theoretical and Applied Aspects of Daily Life Programming and Planning for the Handicapped.
- Theoretical and Practical Utilization of Art Media as a Remotivational System in the Daily Life of the Handicapped.
- Theoretical and Practical Utilization of Physical Education and Recreation.
- Theoretical and Pracical Utilization of Domestic Science Skills; and the Development of a "Home-Like" Residential Environment.

Practicum Experiences

The Level III field experiences are similar in structure to those presented in theLevel II programme. However, the four year length of the programme, and the expectation that the student will have previously worked in at least two different settings for the handicapped, will provide a more extensive practicum experience for the student. The first practicum experiences during the summer months of the first two years in the university should serve as criterion measures both for entering the third year programme, and as a feedback process for the student in terms of his real motivation and empathy towards the handicapped individual.

3. Functions of Diploma Level III

These would be generally similar to those of Level II. However, the following functions would be added:

- Provides supervision for Levels I and II in the institutional and community settings.

- Provides theoretical and technical assistance for Levels I and II.
- Provides administrative leadership in the residence, school, or workshop.

4. Competencies of Diploma Level III

- Able to provide and demonstrate all functions and skills required of Levels I and II.
- Able to develop and implement instructional materials and media for social training and educational purposes.
- Able to direct staff conferences and extend, on a continuous basis, the participation of all staff levels in programme development and implementation.
- Able to utilize and involve related professional disciplines in the development of more effective programmes for the handicapped.

5. Personal Characteristics

These would be similar to those of Levels I and II. It is very important that all four levels of staff share essentially the same values, humane rationale, and personal behavioural expectations towards their work and their colleagues in the field. If these expectations are not carefully built into every level of the training process, they will not be apparent in the basic caring function of the mental retardation worker. The values, attitudes, and personal behaviour of the staff members are essentially learned processes, and these processes need to be very carefully evaluated and considered during every phase of the training programme.

6. Co-Ordination of Level III Training Programme

The university would coordinate the training programme. However, as in Level II, the major practicums utilized in the training should be directly involved in the development, direction, and evaluation of the on-going programme.

It was recommended that where possible the university should work in close liaison with a technical institute. This would provide a stronger training vehicle because the technical institutes have developed very good programmes

in the practical and technical arts areas. The students could take several of their technical courses in the technical institute, and their theoretical courses in the university. Further, this would assist in the development of a more realistic and flexible career ladder system for the students in Levels I through III.

7. National Recognition of Training

As in Levels I and II, the National Institute on Mental Retardation would serve as a catalyst in the development of nationally accepted training standards, both for the various levels of training, and in the development of standards for the practicum experiences. These standards, for both the training programme and the practicum, would be developed jointly with provincial and regional groups, and their implementation would be the responsibility of these groups.

Diploma Level IV

The Diploma Level IV would involve a university graduate programme leading to a Master's degree and nationally recognized certification at this level. The purpose of Level IV would be to provide advanced training, at the graduate level, for carefully selected candidates who would then function in the areas of (1) Supervision, (2) Community College Programme Staff for Levels I and II, (3) Institutional Administrators, and (4) providing leadership in the field of mental retardation.

Curriculum Areas

The curriculum would be similar to that of Level III, except that the student would specialize more intensively in those areas related directly to his experience and interests. The specialized options at this level could include the following:

Specialized Options

Mental Retardation	Socially Disadvantaged and Alienated Youth
Behaviour Disorders	Deaf and Blind
Learning Disorders	Delinquent and Criminal Behaviour

Within these areas an individual could also specialize in particular aspects of his chosen options. These could include:

Early Childhool Programmes	Leisure Time Centers
Residential Care	Home Strengthening
Sheltered Workshops	Care of the Aged

An individual could also choose to explicitly develop his knowledge and technical skills in the very important adjunctive therapy areas, such as:

Recreation and Physical Education	Instructional Media
Arts and Crafts	Home Maintenance, and the Humanistic Components of Creative Living
	Vocational Crafts, and Industrial Training

This advanced specialization would be provided only after the individual had demonstrated his understanding and skill in the direct daily care of the handicapped individual. The graduate would be, first of all, a highly skilled provider of basic services, and secondly a specialist in particular areas of work with the handicapped individual.

3. Functions of Diploma Level IV

His functional skills and competencies are similar to those of Levels I II, and III. He should be able to demonstrate competency in all of the skills required of the previous levels. In addition to these functions would be the following:

Supervision of trainees during training process in Levels I, II and III in practicum settings.

Presents weekly seminars to small groups of trainees, integrating students' theoretical and practicum experiences.

Serves as administrator in residence, school, or workshop.

Serves as a staff member within a residence, school or workshop, assisting with the development and implementation of the educational, social training and rehabilitation programme.

4. Competencies of Diploma Level IV

Able to integrate didactic and practicum material in a productive and effective manner.

Able to relate personally in a warm altruistic and sensitive manner to trainees.

Able to provide a model of mature adult, professional behaviour at both cognitive and humanistic level.

Able to analyze programme components as an administrator in an objective manner.

Able to provide programme leadership in the settings in which he works.

Able to productively utilize services of allied professional services.

5. Personal Characteristics

These would be similar to those expected for Levels I, II, and III. In addition he has had more extensive training and practical experience. At this level he should evidence a personal leadership style which serves both as a behavioural model and guide for Levels I, II, and III. He should be clearly empathic and sensitive to the human needs of others, and be able to encourage positively his colleagues in their goals and daily achievements. These leadership qualities are essential to his effective functioning at Level IV.

6. Co-Ordination of Level IV Training Programme

The Level IV programme would be co-ordinated by the graduate school of the university offering the course.

7. National Recognition of Training

The Diploma Level IV would be nationally recognized and accredited in the same manner as Level III.

Summary of Recommended Training Levels

Four levels of training have been presented. These were derived from the Task Force Study and represent a general consensus in terms of recommended training levels, curriculum, functions, competencies, and the importance of national recognition and accreditation of the diploma levels. The Diploma Level II programme was viewed as the major vehicle for upgrading the quality of applied service at the basic staff level in residential centers, nursery schools, and workshops. The recommended four levels of training are:

Diploma Level	Location of Training	Length of Training
I	Community College or Institution	One Year
II	Community College or Institution	Two Years
III	University or Community College	Three-Four Years
IV	University Graduate School	Four-Plus Years

The specific requirements for a diploma at each level, as well as a suggested general curriculum have been presented. Three types of training settings have also been considered. These are: (1) Residential Institutions or Workshops, (2) Community Colleges, and (3) Universities. A fourth alternative was also recommended, namely, a university-based "Institute" approach to the four levels of training.

A university affiliated approach to the four training levels would be a very efficient and effective means of providing the training. In addition an institute of this type could also provide volunteer and in-service training programmes. An institute-based training programme for various levels of staff would allow for maximal utilization of both facilities and faculty. It would also provide for a good deal of flexibility in designing an integrated approach to the academic and practicum experiences for the students on an eleven month basis, rather than the more traditional academic calendar year. The institute approach is used in several European countries and generally provides training programmes for basic staff intending to work with handicapped individuals. The students take courses at the universities and technical schools and utilize a variety of practicum settings. The institute serves as a "home base" for the students, as well as a coordinating and a planning center for the total training experience.

These recommended four levels of training are intended to serve as guidelines in the development of nationally accredited and recognized training programmes for associate professionals in the developmental handicap field. The following chapter considers alternative methods for utilizing personnel in the mental retardation field.

3. Recommending Improved Methods for Utilizing Personnel in the Field of Mental Retardation and Allied Developmental Handicaps

General Rationale for Alternative Utilization of Personnel

There is general agreement that the primary focus in the rehabilitation of the retarded individual should be on the learning of practical skills and useful social competencies. What is needed is a total milieu approach to the education, social training, and vocational rehabilitation of the retarded. The personnel providing this education and social training should be equipped with the skills and knowledge directly related to this approach to the retarded individual.

It is generally agreed that: "The reduction of the retarded person's disability is likely to be most successful when attacked educationally".*

The total environment, whether residence, school or workshop should be used to integrate the previous learning achievements, and to assess the individual's potential for further education and social training. The complete milieu of the institution should serve to provide continuous opportunities for extending the social and educational growth of the retarded individual.

It is within the context of the development of the retarded individual's potential that refinements in the manpower question need to be considered. For the central question is not one of the shortage of nursing aides or nurses, or of the shortage of attendants; it is rather a question of the inappropriate training and functioning of those currently providing the basic staff care for the retarded. As Gunzburg has indicated:

> Since the educative process is an active one which extends over the whole waking life of the mentally handicapped, without however being limited to set lessons and exercises, the contribution of people who are not specifically trained as teachers, must nevertheless be an educative one.-- When the whole environment is in sympathy with the requirements of social education, then each part of the daily routine will have to be inspected to decide how far it interferes with achieving these aims, and how far it has to be adapted to become more effective.**

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*American Psychological Association, Psychology and Mental Retardation, 1970 (p.267).

**Gunzburg, H. International Seminar on Special Education for the Retarded, International Association of the Scientific Study of Mental Deficiency, Malmo, Sweden, August, 1970 (p. 66).

This educational and social training approach has already been undertaken by the Mental Retardation Branch of the Ontario Department of Health. The Mental Retardation Branch developed an extensive in-service training programme for all of its staff members involved in the basic care of the retarded. This programme was first initiated in 1968 and has recently been revised (1971). The course trains Residential Counsellors, rather than psychiatric nurses or nurses' aides. It is oriented towards activating the learning potential of the retarded individual and strongly de-emphasizes the nursing, medical model approach to those in institutional care.

The course involves a two year work-study programme and carefully integrates the academic and the practicum phases. When the new education and social training approach was introduced in 1968, the ward attendants and nursing aides were provided with the opportunity for released time so they could complete the new programme. Staff development was made contingent upon successful completion of the course. The Mental Retardation Branch provided training grants for the staff enrolled in the programme on a full-time basis.

The emphasis on education and social training has become the major approach to basic staff training throughout the larger institutions for the mentally retarded in Ontario. The change from the custodial and nursing oriented approach over to the education and social training rationale required a major change in the staff training programme. This was accomplished by basically altering the previous training curriculum, and developing a curriculum more in keeping with

the philosophy of activating the learning potential of the retarded individual.*

The philosophy of activating the learning potential of the retarded individual is in keeping with the most advanced theoretical and empirical work in this field. Several European countries (England, France, Holland, Denmark and Sweden) have for at least fifteen years been actively committed to what has been termed the re-educational and social training approach to the retarded individual.

The European model stresses the growth producing value of activities, action, movement, physical expression and vocational work. It stresses the individual learning that can be obtained from each day's existence provided that existence takes place within a homelike setting that is maintained by adult models that are themselves healthy and productive personalities. The entire day is geared toward the involvement and outward movement of the individual and his group toward productive and interesting activities. These activities range from traditional educational and cognitive material to a heavy emphasis on what may be termed high interest activities. Surrounding these academic and high interest activities,

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*The educational, and rehabilitation approach which has been adopted throughout the larger Ontario residential institutions is utilized for the majority of the institutionalized individuals. This group, is able to effectively benefit from this social training, and vocational rehabilitation process. The small percentage of profoundly retarded individuals who require medical and nursing care are provided with special facilities and trained nursing staff for this purpose. See The Training Syllabus for the Residential Counsellor. Mental Health Division, Department of Health; Mental Retardation Services Branch: Director, Dr. D. E. Zarfas; and Miss B. I. Lovering, Co-Ordinator, Staff Development: Toronto, Ontario.

are the routine daily living experiences which are also utilized by the trained basic staff to re-educate and activate the positive growth of the retarded individual. All of these experiences and activities provide natural opportunities for the trained retardation worker to redirect the retarded individual towards a more effective involvement with the larger society.* This process is most readily provided by the unlearning of non-adaptive skills and the learning of more self-enhancing and socially acceptable skills. The evidence indicates that this relearning process is most effectively accomplished by utilizing a learning theory model.** This approach places major emphasis on the modeling of behaviour. Using this approach to the handicapped individual, those adults in closest contact with the retarded individual are the most significant change agents in the institutional environment. These adults need to be carefully selected, and well-trained associate professionals, who are specifically trained to provide the relationships, the skills, and the activities which are an important part of the relearning and re-educational process. In terms of psychological theory the approach to the handicapped individual is through the worker's personal involvement in the daily life of the retarded individual. This method emphasizes the

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*See Linton, Thomas E., "The European Educateur Model," Mental Retardation, Canadian Association for the Mentally Retarded, April, 1971, Vol. 21, No. 2, (pp. 8-11).

**"It is useful to focus directly on behaviour, on desired changes, and on the means of accomplishing such modifications in behaviour--with the acquisition of skills and habits that individuals can use to secure for themselves the social and other rewards that sustain behaviour. Brayfield, A., American Psychologist, 1968, (p. 479).

value of the human relationship as a significant force in socializing and educating the retarded individual. In this approach, the trained basic staff member is viewed as a major agent of change in the growth producing process which occurs between himself and the retarded individual. In view of this, the selection and training process of these staff workers is of primary importance in an effective education and social training programme for the retarded.*

Methods of Providing an Alternative Utilization of Personnel

The Task Force Study indicated that there was a general consensus on the need for an alternative approach to the treatment and rehabilitation of the mentally retarded. The general agreement, in terms of emerging treatment philosophy, was towards an educational, social training and vocational rehabilitation model. It was indicated that staff training in these alternative approaches was essential if the desired treatment changes are to occur.

Staff training programmes for this purpose need to be developed in at least four areas. These are:

(1) Programmes for new workers entering the field.

(2) Programmes for the present staff members in residences, schools and workshops.

(3) Programmes for professionals in the field of mental retardation.

(4) Programmes for volunteers.

The following are recommendations resulting from the Task Force Study in each of these areas:

Programmes for New Workers Entering the Field of Mental Retardation

The programmes for new workers were presented in section II. These curriculum

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*See Rhodes, W., in Educational Therapy, J. Hellmuth (Editor) 1966, (p. 23).

guidelines would be appropriate for training programmes for both new workers entering the field, as well as for the present basic care staff in the institutions. However, the factors involved in the training of new workers, are quite different from those involved in the re-training of in-service staff.

Programmes for the Present Staff Members in Residences, Schools and Workshops

The in-service staff training programmes would be very similar in content and goals to the training programmes for new workers entering the field. However, the in-service training model would have to provide equivalencies for the training experiences already undertaken by the basic care staff. In some cases the staff member would need to receive very little in the way of re-training, while in others, extensive re-training might be required.

It was recommended that if the National Institute on Mental Retardation develops the national diploma standards, that equivalencies will have to be worked out so that the educational training and in-services experiences of the present staff members are carefully considered and accredited towards a particular diploma level.

It was recommended that the in-service staff members be permitted released time, without change in occupational position, so that they could undertake whatever additional training was required. It was recommended that career development be made contingent on the successful completion of the re-training process. It was indicated that an effective re-training model, for the in-service staff, could only be successful if the senior staff members at all supervisory and administrative levels were supportive and directly involved in the change over to an alternative treatment method for the mentally retarded. It was generally agreed that the re-training of the present in-service staff was of primary importance, if the alternative and more effective rehabilitation approach to the retarded is to be initiated in the near future.

There was general agreement that the in-service training could be provided by a combination of community college and institutional programme. Since several of the provincial governments are already moving towards an alternative educational and rehabilitation approach to the mentally retarded, the recommended curriculum models are not viewed as significantly different from those currently being developed.*

Established Professionals

It was recommended that the established professionals in the field could benefit from in-service courses in order to provide them with the most recent theoretical and empirical developments in the area of mental retardation. The National Institute on Mental Retardation was viewed as the agency best equipped to assist in the preparation and dissemination of these programme materials.

New Professionals

It was indicated that many of the training programmes for new professionals did not place sufficient emphasis on courses and practicums in the field of mental retardation. It was felt that these professional training programmes should be surveyed, in order to gain a more precise picture of the curriculum offerings in the mental retardation field. The National Institute on Mental Retardation was requested to initiate a study of the curriculum offerings in this area, and

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*This model is already being established at the Manitoba Training School, under Dr. G. H. Lowther's direction; in the Ontario Department of Health, under Dr. D. E. Zarfas; in Quebec in the community colleges and large residential centers such as Institut Dorea; in the New Brunswick Institutional programmes under the direction of Dr. R. Short; in the Vocational and Rehabilitation Research Institute in Calgary under the direction of Dr. Roy Brown, and at the British Columbia Mental Retardation Institute under the direction of Dr. Charlotte David.

to make specific recommendations for academic and practicum experiences in the field of mental retardation.

Programmes for Volunteers

The role of the volunteer will continue to be a significant one for many years. It is therefore important to develop selection criteria, effective utilization standards and training programmes for this large group of essential workers. These training courses should be related to the academic and experiential level of the individual volunteer. It was recommended that the National Institute on Mental Retardation should assist in the development of volunteer selection criteria, utilization standards, and training materials for this group.

There was agreement that the volunteer does not replace staff, but rather provides supportive assistance for the work of the staff. The volunteer should be prepared to assume a responsibility towards his role in various programmes and to accept supervision by the trained staff members.

Selection Criteria for Volunteers

The selection criteria should be based mainly on self selection factors, such as interest, motivation and empathy for retarded individuals. Where possible volunteer mothers of retarded children should be placed in classes or programmes in which their child is not a member.

The initial selection of the volunteers and the placement in various community programmes for the retarded should be carried out by a volunteer committee of the local association for the mentally retarded. This committee should develop selection criteria, utilization procedures, evaluation methods and be involved in administering the training programmes for the volunteers.

Functions of the Volunteer

- to support and assist the basic care staff in carrying out their responsibilities.
- to assist in providing all of the daily activities of an educational and recreational nature.
- to serve as anciilary supportive staff in such areas as chaperoning, driving, record keeping, supervisory play periods, and related activities.
- to serve as a "citizen advocate" for the retarded individual.*

Competencies of the Volunteer

- to provide personal concern, and an empathic relationship for the retarded individual.
- to provide those competencies and skills that her educational background and experiences have developed.

Training of Volunteers

Volunteers should be provided with carefully developed and presented training material. They should receive frequent in-service supervision, and, "feed-back" about the effectiveness of their supportive role in the residence, shool or occupational center. Their role should be specifically and clearly defined, both by the volunteer committee managing the selection and placement process, and by the director of the center in which they are placed. Both of these points

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*The "citizen advocate" role provides a meaningful and distinctive new function for the volunteer worker. It provides the opportunity for the volunteer to relate in a personal manner to the needs and concerns of the retarded individual; while also providing the staff supportive role in the residences, workshop or school.

(supervision and role clarification) are viewed as critical in the effective utilization of the volunteer role. The personal satisfaction factor is very significant in the maintenance of a productive and stable volunteer support staff.

The training process should emphasize the importance of the attitudes and expectations of the volunteer towards the mentally retarded. The training materials and experiences should include the following areas:

(1) Approaches to learning emphasizing that every encounter with the retarded individual is a learning experience. Hence the personal manner and involvment of the volunteer is very important.

(2) To develop self-confidence in their role as volunteers, stressing that they are not expected to provide the systematic approach utilized by the trained staff member; emphasizing the personal, human relationship aspect of their work with the retarded.

(3) Learning basic caring approaches and competencies.

(4) Learning basic coping skills in specific emergency situations (Epileptic seizure, fire, tantrum).

(5) Understanding the role of behavioural modeling, and behavioural expectations in the human encounter process between the volunteer and the retarded individual.

(6) Effectively learning from the trained members of the staff, and accepting supervision in a productive manner.

Recognition

The contributions of the volunteer worker should be recognized both informally and formally. Formal recognition could be provided for through different certificates for various levels of volunteer services. These certificates could be

tied in with the four diploma levels presented in the recommended curriculum section. This would permit the volunteer to gain "equivalency" credits for her training and experience should she desire to enter the regular career system in the mental retardation field.

The Parent as Teacher

It was recommended that parents should be assisted in developing those skills and competencies which are most beneficial in coping with the behaviours and attitudes of their retarded son or daughter. The parents should be helped to understand the significance of their own behaviour and expectations on the behaviour of their own son or daughter. To achieve this goal, the utilization of parent groups is viewed as very important. It is recommended that programmes should be developed which expressly deal with the most effective methods of utilizing parent groups and parent meetings and discussion groups as a significant means of increasing the parent's understanding of behavioural management methods, counselling processes, and the functioning of the family as a productive unit.

The parents should be provided with some of the same educational and social training competencies as those provided for the volunteers. Assisting the parents in this regard should be an important aspect of the professional's role. In addition, it is important for the parent to be aware of the methods and goals utilized in the residence, school or workshop.

Early identification programmes, home management programmes, involvement in the preschool education of the child, teacher-parent goal-setting, parent-social worker planning, all of these approaches can make the parent an active and more effective teacher of his retarded son or daughter. Some isolated efforts in this direction are being made through home care programmes, home management programmes

and early identification programmes throughout Canada. The functions and competencies should be the same for the parent as for the volunteer. To be most effective, parents need to recognize that each situation with a retarded individual is a potential learning situation.

Allied Developmental Handicaps

There was a general consensus that the recommended training curriculum should be developed for workers in the field of developmental handicap rather than solely for workers in the mental retardation field. It was indicated that the four levels of training should be designed so that the student has a broad general acquaintance with the various areas of developmental handicap. The first year of training should be a broadly based generic year combining theoretical and practicum experiences in the major areas of exceptionality. During the second year the student would choose an area of specialization from the following or related areas:

Mental Retardation	Delinquency
Behaviour Disorders	Socially Maladjusted
Learning Disabilities	Deaf and Blind
	Multiply Handicapped

There was agreement that this approach would be more beneficial, and productive in the utilization of staff, training resources, and practicums than a continuation of the more traditional single disability approach to the training of basic care staff. However, it was indicated that as an initial starting point, it would be more realistic to develop the recommended training programme for one major area such as mental retardation. The model could later be expanded towards a more generic approach to the developmental handicap areas.

Chapter V which follows considers a pattern of implementation for the recommendations made in the Task Force Study.

4. Recommending a Pattern of Implementation, Indicating Specific Roles of Local, Provincial and National Agencies

The recommendations regarding a pattern of implementation for the results of the Task Force Study are as follows:

(1) That the progress report of the national study be made available to the provincial and regional reactor task forces which were involved in the study.

(2) That these established groups continue to play a significant role in the implementation phase of the study.

(3) That a national and a provincial curriculum task force be established for the purpose of developing a nationally acceptable curriculum for the training of basic care staff in the field of mental retardation.

(4) That demonstration projects should be initiated for the recommended four levels of training. These demonstration projects should represent different approaches to similar training objectives. One programme could be developed in a large residential (hospital type) setting, while another approach might be initiated by a community college, technical institute or university.

(5) That governmental, educational and institutional policy makers should play a significant role in determining the specific public service conditions and requirements involved in the development of a career system for mental retardation workers.

(6) That the Provincial Associations for the Mentally Retarded should provide a leadership role in the implementation phase of the manpower training and resource study.

The Task force progress report should be utilized by the Provincial Associations for orientation, study and the initiation of field application programmes for the recommendations involved in the progress report.

(7) That the professional leaders representing government institutions for the retarded should continue to play a major role in the initiation and development of the recommended training programmes.*

(8) The National Institute on Mental Retardation should continue to serve as a catalyst and co-ordinating force during the implementation phase of the study. This would insure the planned, co-ordinated approach to the development of a comprehensive training programme. The Institute should provide leadership and direction in the national implementation of the recommendations made in the progress report.

(9) That the Canadian Association for the Mentally Retarded should join with other national associations concerned with the handicapped in developing staff training programmes that are committed to a generic approach to developmental handicaps.

(10) That a co-ordinated approach be made to the appropriate governmental and institutional planners of services for the purpose of obtaining their support in implementing the training recommendations made in the study.

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*These individuals have already demonstrated their interest in the improvement and upgrading of their present training programmes for basic care staff. Their support during the task force study was invaluable in evaluating the present conditions in the field as well as in the development of the recommendations for alternative approaches.

The associations, institutions and organizations which are involved in the field either as recipients or providers of training should be directly involved in the consideration of, and recommendations for, feasible policy changes in the areas reviewed by the national study.

(11) That the participating educational institutions involved in the training programmes should receive financial assistance from the appropriate government source. A close examination of the present and potential funding methods should be undertaken so that the recommended training programmes may be adequately funded. Private funding sources should also be considered. Public funds should be administered to the community colleges and universities in order to insure the development of the desired training model. However these funds should be contingent upon the establishment of the specific programme standards which have been developed on a national basis for these programmes. It is essential that there be local, provincial, and national planning during the implementation phase to insure the emergence of a nationally recognized and accredited training programme for basic staff workers in the mental retardation field. This planning should emphasize the specific methods of implementing the recommendations made in the Task Force study. The pattern of implementation involves basically two areas of major importance; these are (1) the development of a nationally accredited curriculum, and (2) the Action-Liaison phase. The first step requires the technical development of a curriculum which will be acceptable to local, provincial and national groups. The action-liaison second step requires the direct involvement and major support of local, provincial and national institutional representatives. If these two steps are effectively taken, a nationally accredited training programme will result.

5. Summary of Recommendations:

The Role of the National Institute on Mental Retardation

(1) That the National Institute on Mental Retardation should serve as a co-ordinator and a catalyst in the development of integrated and comprehensive training programmes for associate professionals in the field of mental retardation.

(2) That the National Institute on Mental Retardation should assist in the development of national accreditation standards for personnel in the mental retardation field. The specific training programmes and the certification process would be provided by provincial institutions.

(3) That the National Institute on Mental Retardation should provide leadership in the development of standards for the practicums in which the applied training experiences of the trainee take place.

(4) That the National Institute on Mental Retardation should assist in the co-ordination and standardizing of the training curricula on a national basis for the recommended training models.* This would insure national recognition, accreditation, and portability of the training diploma at a particular level.

(5) That the National Institute on Mental Retardation should provide advanced training programmes in the form of seminars and short intensive courses

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*The participants in the national seminar on manpower training indicated that the National Institute on Mental Retardation should assume a leadership role in the development and implementation of the recommendations made in the Task Force Study. Manpower Seminar, March 25 and 26, 1971, National Institute on Mental Retardation, Toronto, See Appendix A for a list of the participants.

for the continuous upgrading of associate professionals and professionals in the field of mental retardation. That the instructors in the recommended training programmes should receive short-term in-service training programmes. These programmes would serve to continuously upgrade the field instructor's awareness of the recent trends in the mental retardation field. It was recommended that the National Institute on Mental Retardation should assist in the development and presentation of these in-service courses.

An Alternative Approach to Manpower Training

(6) That the greatest majority of the mentally retarded do not require continuous medical or nursing care. They do require re-education and rehabilitation, or what Gunzburg has termed social education and training:

> Therefore it is recommended that alternative approaches to the traditional nursing and custodial model for the majority of the retarded be developed.

(7) That the alternative model should stress the development of human potential through education, social, and vocational training, and adjunctive therapeutic activities. Basic medical and nursing skills and theory should be a minor component in this training approach.

(8) That the chronically ill, non-ambulatory mentally retarded individual requires a medically oriented type of daily programme. Most estimates of this severely retarded population (e.g. the individual incapable of self-care) are usually in the range of 15% to 20% of the institutionalized mentally retarded population. For this group a nursing oriented daily programme is an appropriate model.

(9) That the smallest group of retarded persons, in terms of overall number, is in the larger hospital type institutions, hence the new training approaches for staff should provide an understanding of the total living problems encountered in the community rather than emphasizing the nature of large institutional care as is presently the situation.

Manpower Training Models Should be Based on the Broader Concept of Developmental Handicaps

(10) That the National Institute on Mental Retardation should consider the development of manpower training models based on the broader concept of developmental handicaps; rather than developing manpower programmes solely for the mental retardation area.

(11) That there are many common areas of knowledge and skill involved in working with individuals and developmental handicaps. These areas would include:

Mental Retardation	Learning Disorders
Behaviour Disorders	Deafness and Blindness
Multiple Handicapped	Social Maladjustment

(12) That the recommended training models for basic staff involve a common or generic component, and a specialization component permitting the individual trainee a choice of several specialized options during the second year of his training programme.

(13) That the recommended training models should involve a career ladder structure so that there is reasonable opportunity for career progression and upward mobility.

(14) That the designation "associate professional" be used for those completing the community college based programme, and the designation

"professional" be used for those completing the university based programme.

Recommended Training Programmes

(15) That short-term training programmes be provided by community colleges and technical institutes for personnel who are not able to participate in long term training programmes. Such programmes would not be an alternative to an integrated training programme for workers in the field of mental retardation. These short-term courses serve a very important need in terms of the in-service training of present staff members in the institutions. Equivalency credits should be developed for those short-term courses, so that they may be recognized within the suggested four levels of training. These short-term courses would include:

Correspondence Courses, Workshops, Evening Programmes and Seminars.

The National Institute on Mental Retardation should assist in the development and utilization of these courses.

(16) Intramural training programmes in agencies and institutions should be limited to short-term in-service training programmes. The responsibility for the longer term training programmes should be vested in an educational institution.

(17) That four levels of training should be considered. This would provide for educational development in a career ladder approach to basic staff training.

The Recommended Four Levels of Training		
Diploma Level	Location of Training	Length of Training
I	Community College or Institution	One Year
II	Community College or Institution	Two Years
III	University or Community College	Three to Four Years
IV	University Graduate School	Four-Plus Years

(18) That all four levels of training would combine an academic component (50%); and carefully supervised practicum experience (50%) in a variety of settings for handicapped individuals.

(19) That in all four levels of training an eleven month yearly training programme be utilized, combining both academic and practicum experiences. This is viewed as a more productive and functional approach to training than the traditional eight month community college or university academic year.

(20) That the practicum experience, at all four levels, should be carefully supervised, and provided by a trained individual with experience in the direct daily care of retarded individuals. Preferably, this individual would be a graduate of a Level III programme. The supervisor should be responsible for a small number of trainees (8-10), and be responsible for the trainee's effective integration of theory and practice. The practicum supervision should be based on operationally defined educational and behavioural objectives.

(21) That the supervisor should be on the staff of the community college or university while maintaining a close liaison with the practicum settings in which he is responsible for the students.

(22) That students, at any of the recommended diploma levels, should not be used as a substitute for a regular staff person.

(23) That the training programmes should emphasize the value of the personal element in the staff relationship with the retarded. The factors of altruism, empathy and personal sensitivity are of major importance in effective work with the handicapped.

In-Service Training Programmes

(24) That the in-service training of the present staff within the existing institutions, is of major importance, and that these in-service programmes should be provided on a priority basis.

(25) That these in-service training courses should present an educational, social training, and vocational rehabilitation approach to programmes for the retarded.

(26) That the senior staff and senior administrators, in the larger institutions play a key role in encouraging or discouraging meaningful programme changes. Granting this, it is essential that these key senior staff individuals fully understand, and support the desired basic programme changes.

Volunteer Training Programmes

(27) That short-term training programmes should be developed for the volunteers by the National Institute on Mental Retardation.

(28) That standards for the selection, effective utilization, and recognition of services performed, should be developed by the National Institute on Mental Retardation for the volunteers.

(29) That volunteers should be formally recognized as a special and important category within the manpower utilization system.

(30) That volunteers should not be used as a substitute for adequately and formally trained staff.

Implementation of Task Force Recommendations

(31) That comprehensive long-term training models should be developed on a demonstration basis in two or three educational institutions in different geographic locations in Canada.

(32) That it would be an efficient use of manpower to offer the recommended four training levels in a single institute established for that purpose.

(33) That the educational institutions providing the initial pilot training programmes should receive financial assistance from the appropriate governmental sources.

(34) That various forms of financial assistance should be made available to students at levels I, II, III, and IV.

(35) That a well co-ordinated approach be made to the appropriate governmental and institutional representatives for the purpose of implementing these recommendations.

(36) That the previously established task force reactor groups should continue to function as curriculum development and action liaison groups in the implementation phase of the project.

(37) That the National Institute on Mental Retardation is viewed as the logical body to provide the national leadership role in this area.

(38) That the National Institute on Mental Retardation should establish a National Manpower Task Force to assist in achieving these goals.

Conclusion

The value of this study is dependent upon a continuous programme of planning, organization and implementation of the recommendations made in this report. The study has indicated a widespread general concern over the nature of the training programmes presently available for basic care staff in Canada. There was a general consensus expressed at all levels that an action-oriented implementation phase is a pressing need at this point.

APPENDIX A

LIST OF PARTICIPANTS ATTENDING

THE NATIONAL INSTITUTE ON MENTAL RETARDATION

CONCURRENT SEMINARS

March 25th, 26th, 1971

Mrs. J. Adler	Executive Director, Quebec Association for the Mentally Retarded
Mr. Paul Avery	Professional Services Branch - Ontario Department of Health
Dr. A.J. Beddie	Director of Mental Retardation, Saskatchewan Training School
Dr. J. Berg	Director of Research, Mental Retardation Centre, Toronto
Dr. S. Bland	Co-ordinator of Mental Retardation Services, Department of Health for British Columbia
Mr. W. Boyd	Deputy Commissioner of Northern Affairs
Mr. R. Butler	Executive Director, Nova Scotia Association for the Mentally Retarded
Mr. B. Cunningham	Project Co-ordinator, Hamilton-Niagara Model Community Services Project
Dr. Charlotte David	British Columbia Mental Retardation Institute
Mr. John Dolan	Executive Director, Saskatoon Association for Retarded Children
Mr. Brian Holliday	Executive Director, Canadian Association for the Mentally Retarded (Manitoba Division)
Mr. P. Jones	Director, Harry E. Foster Employment Training Centre, Toronto

Dr. LeVann	Medical Superintendent, Provincial Training School, Alberta
Dr. G. Lowther	Medical Superintendent, Manitoba Training School
Mr. J.G. MacDonald	Executive Director, Prince Edward Island Association for the Mentally Retarded
Dr. E. McCoy	Director, University of Alberta, Centre for the Study of Mental Retardation
Dr. W.J. McIntosh	General Secretary, Canadian Committee of the Council for Exceptional Children, Toronto
Dr. C. Mooney	Consultant, Mental Health Division, Deparment of National Health and Welfare
Mr. Dalton Murphy	Executive Director, British Columbia Association for the Mentally Retarded
Mr. Wayne Norrison	Assistant Chairman, Applied Arts Division, Seneca College
Miss Margaret Pollard	Chairman, Early Childhood Education, Humber Community College
Mr. D. Richford	Provincial Co-Ordinator, Adult Retardation Services, Dr. Wm. F. Roberts Hospital School, New Brunswick
Dr. Charles Roberts	Psychiatrist-in-Chief, Royal Ottawa Hospital
Miss Moira Skelton	Assistant Executive Director, Ontario Association for the Mentally Retarded
Mr. Eric Smit	Consultant on Family and Child Welfare, Unemployment Assistance Division, Department of National Health and Welfare
Mr. J. Tanner	Executive Director, Canadian Association for Retarded Children, New Brunswick

Mr. Aubrey Teal	Executive Director, Alberta Association for the Mentally Retarded
Mr. J.E. Thériault	Consultant (Research) Welfare Grants Division, Department of National Health and Welfare
Dr. Duane Tichenor	Director, Industrial Research and Training Centre, Edmonton, Alberta
Rev. S.A. Walmsley	Chaplain, Manitoba Training School
Dr. D. Zarfas	Director, Mental Retardation Services Branch, Ontario Department of Health
Miss Bernice Lovering	Co-Ordinator, Professional Development, Mental Retardation Services Branch, Ontario Department of Health

National Institute on Mental Retardation Task Force Chairmen

Dr. Helen Doan	Pre-school and Home Care
Mrs. Margot Scott	Residential Care
Mr. Ian Wallis	Social-Vocational Services

Canadian Association for the Mentally Retarded - National Institute on Mental Retardation Staff

Miss Susan Anderson	Film Librarian
Mrs. R.G. Anglin	Editor, DM/MR
Mrs. W.E. Armour	Librarian
Mrs. G. Becker	Executive Assistant to the Director
Mrs. B. Bonner	Programme Officer, NIMR
Mr. Wm. C. Berendsen	Adult Services Consultant
Mr. H.J. Botchford	Co-ordinator, Physical Fitness and Recreation Programmes, NIMR
Mr. D. Fields	Project Co-ordinator, National Clearinghouse, NIMR

Mr. W.A. Gamble	Managing Director
Miss Joyce Kennedy	Director, Information Services
Dr. Thomas E. Linton	Manpower Resource Consultant, NIMR
Mr. Howard E. Richardson, Jr.	Assistant Director, NIMR
Dr. G. Allan Roeher	Director, NIMR